CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Wrist Osteoarthritis

Osteoarthritis of the wrist, with loss of the normal joint spaces.

Kieran Hirpara 4.0

What you're feeling

You likely feel a deep ache in your wrist that gets worse with use. Simple tasks like turning a doorknob or lifting a coffee mug may become difficult. The pain often flares up after you have been using your hands for a while. You might notice stiffness when you first wake up in the morning. This stiffness usually loosens up as you move around, but it can return if you overdo it.

Daily activities that require wrist movement can be painful. You may struggle to reach behind your back to fasten a bra. Tucking in a shirt or buttoning a jacket might feel awkward and sore. Sleeping on the side that hurts can disrupt your rest. The pain may keep you awake or cause you to shift positions frequently. You might also feel a grinding sensation when you move your wrist. This is often due to wear-and-tear arthritis, where the cushioning between bones breaks down.

Your surgeon will look for signs of instability or damage in the joint. In some cases, the wrist may feel weak or unstable. This is especially true if you have rheumatoid arthritis, which can destroy the joint structure. You might find that you cannot bear weight on your hand, such as when pushing up from a chair. The pain can radiate up your forearm or into your fingers. It is important to tell your surgeon exactly when the pain is worst. This helps determine if you need a fusion or a replacement.

If you have had a nerve injury in the past, you might notice changes in finger movement. Wrist fusion can sometimes help improve finger range of motion in these cases. However, for most people, the main goal is to stop the pain. You may feel frustrated by the limitations on your daily life. Understanding your symptoms helps your surgeon choose the right path. Whether it is a fusion or a replacement, the aim is to give you relief and restore function.

What's actually happening

Your wrist is a complex cluster of small bones that slide against each other to give you movement. In osteoarthritis, the smooth coating on these bones, called cartilage, wears away. Think of cartilage as the shock

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

absorber or gasket that lets bones glide without grinding. When it thins or disappears, the bones rub directly against one another. This causes pain, stiffness, and swelling.

As the joint changes, your wrist loses its natural shape and stability. The bones may shift out of their normal alignment. This misalignment makes everyday tasks difficult. Simple motions like turning a doorknob or lifting a cup become painful and limited. Your surgeon sees these changes on X-rays as narrowed joint spaces and bone spurs.

To fix this, your surgeon may recommend surgery to either fuse the bones together or replace the joint surfaces. Total wrist fusion is performed nearly 5 times more frequently than total wrist replacement. Fusion joins the bones so they grow into one solid piece. This stops the painful grinding but limits motion. It provides a stable wrist with limited pain.

Wrist replacement keeps some motion but carries higher risks. The decision between these options depends on your activity level and your surgeon's experience. If you choose fusion, your surgeon will remove the damaged cartilage and secure the bones with plates or screws. If you choose replacement, artificial parts are inserted to mimic the joint's movement.

Sometimes, a previous surgery fails or wears out. If a wrist replacement fails, your surgeon can convert it to a fusion. This conversion is safe and reliably improves function. It is a reasonable salvage option when the original implant no longer works. The goal is always to reduce pain and restore enough function for your daily life, even if full natural motion is not possible.

What we can do about it

We start with simple steps you can take at home. Your surgeon may recommend physiotherapy to keep your wrist moving and strong. This helps you manage daily tasks without causing more pain. Give these conservative treatments a fair chance to work before considering surgery. Most people find that combining rest, gentle exercise, and lifestyle changes reduces their symptoms significantly.

If simple measures are not enough, we look at medical management. Your surgeon may suggest pain relievers or anti-inflammatory medications to help you feel better. In some cases, we offer injections into the joint. Cortisone injections can reduce swelling and pain for a period of time. Hyaluronic acid injections aim to lubricate the joint, while platelet-rich plasma (PRP) injections use your own blood components to support healing. These treatments do not cure the arthritis, but they can provide relief for weeks or months, allowing you to stay active.

When conservative care no longer controls your pain or limits your function, we discuss surgery. The choice depends on your age, activity level, and the specific joints affected. For many patients, total wrist fusion is the most common option because it reliably stops pain by joining the bones together. Total wrist replacement is another option that preserves motion, though it carries different risks. In some situations, we may perform a partial fusion or nerve procedure to target pain specifically. Your surgeon will help you choose the path that best fits your life and goals.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

What to expect

Your surgeon will likely recommend wrist fusion as the primary treatment. This procedure is performed nearly five times more often than joint replacement. It provides reliable pain relief and good functional outcomes. This is especially true for severe wear-and-tear arthritis. You can expect significant pain reduction and a stable wrist.

If you choose joint replacement, you may gain more wrist motion. However, this option carries higher risks. Joint replacement has higher complication rates than fusion. These can include loosening of the implant or bone loss. You must be willing to accept these higher risks in exchange for movement. Your surgeon will help you decide based on your activity level and technical experience with implants.

Recovery involves regaining function, but not entirely full wrist motion. No salvage procedure can restore entirely full wrist function. You will start early range of motion exercises after surgery. This helps you regain functional movement earlier with fewer therapy visits. You should expect predictable improvements in grip strength and reduced disability.

If your current treatment fails, further surgery is often a good option. Converting a failed joint replacement to a fusion is safe and effective. It reliably improves wrist function over the failed replacement. Conversely, converting a fusion to a modern joint replacement is also feasible. This can yield good functional results and significant pain relief.

Some specific fusion techniques limit wrist motion in all patients. Despite this, many patients achieve good clinical results at long-term follow-up. For example, four-corner fusion shows good functional results even if X-rays show changes in the joint. A high rate of re-operation was observed in some patients with specific arthritis types. Your surgeon will discuss which approach fits your unique situation best.

When to see someone

Ask for a specialist review if you have persistent wrist pain that does not improve with rest. Seek care if you notice weakness, instability, or if your wrist locks or gives way. Contact your doctor if symptoms interfere with your sleep or work. See your GP if you experience a sudden worsening of pain. Your surgeon needs to evaluate these signs to determine the best path forward. This is especially important if you have end-stage arthritis or an unstable wrist. Early assessment helps manage complications and ensures you receive appropriate care for your specific condition.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au